

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Medical Assistance Administration
Olympia, Washington

To: Physicians
Advanced Registered Nurse Practitioners
Emergency Physicians
Health Departments
Family Planning Clinics
Radiologists
Laboratory Facilities
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-74 MAA
Issued: August 26, 2002

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Medical Assistance Administration

Subject: Coverage Changes and Clarifications Regarding Ancillary Services and Sterilization Procedures for the Family Planning Only and TAKE CHARGE Programs

Effective for dates of service on and after September 1, 2002, there will be changes in coverage in MAA's Family Planning Only and TAKE CHARGE programs. This memorandum also clarifies coverage for ancillary services and sterilizations provided under these programs.

What are the changes in coverage?

Effective for dates of service on and after September 1, 2002, the following Current Procedural Terminology (CPT™) codes are no longer covered under the Medical Assistance Administration's (MAA's) Family Planning Only and TAKE CHARGE Programs:

CPT Code	Description
57452	Colposcopy (Vaginoscopy); (separate procedure)
57454	With biopsy(s) of the cervix and/or endocervical curettage
57511	Cautery of cervix; cryocautery, initial or repeat

When are ancillary services covered?

The Family Planning Only and TAKE CHARGE programs cover the following ancillary services when related to a family planning (pregnancy prevention) diagnosis:

- Covered laboratory and radiology procedures;
- Medications; and
- Sterilizations.

*CPT is a registered trademark of the American Medical Association.
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Which ancillary services are not covered?

The following ancillary services are **not covered** under the Family Planning Only and TAKE CHARGE programs:

- Any procedure not listed in “Appendix B: Scope of Care – TAKE CHARGE” in MAA’s TAKE CHARGE Family Planning Supplement, dated July 2001 (e.g., mammograms and LEEP are **not** covered);
- Emergency medical care (emergency room), unless the emergency care is a direct result of, or a complication arising from, an MAA-reimbursed family planning service or device; and
- Prescriptions for non-contraceptive products and medications unrelated to a family planning diagnosis.

Clarifications Regarding Billing for Sterilization Services

Ancillary service providers are allowed to use ONLY the following CPT codes for sterilizations:

Diagnosis Code	CPT Code	Brief Description	Maximum Allowable Fee	
			Non-Facility Setting	Facility Setting
V25.2	55250	Removal of sperm duct(s)	\$301.44	\$153.34
	58600	Division of fallopian tube	\$213.62	\$213.62
	58615	Occlude fallopian tube(s)	\$171.99	\$171.99
	58670	Laparoscopy, tubal cauterization	\$221.59	\$221.59
	58671	Laparoscopy, tubal block	\$222.04	\$222.04
Note: Office visits (Evaluation and Management procedure codes) prior to the date of the sterilization are covered for presterilization visits using diagnosis code V25.2.				

If the ancillary service is not covered, please refer clients to their TAKE CHARGE provider for follow-up.

For TAKE CHARGE providers only, attached is replacement page B.1/B.2 for MAA’s TAKE CHARGE Family Planning Supplement, dated July 2001.

To obtain MAA’s billing instructions and/or numbered memorandums electronically, go to MAA’s website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

Appendix B

SCOPE OF CARE – TAKE CHARGE

Outpatient Services:

Procedure Codes	Description of Service
<i>CPT and State-Unique</i>	
99201-99205	OFFICE or OTHER OP VISIT-EVAL/MGMT NEW PATIENT (family planning diagnosis code)
99211 –99215	OFFICE or OTHER OP VISIT-EVAL/MGMT ESTABLISHED PATIENT (family planning diagnosis code)
1111J	LUNELLE-MONTHLY SHOT
1112J	EMERGENCY CONTRACEPTION PILLS
0390M	ORAL CONTRACEPTIVES
0391M	CONTRACEPTIVE SUPPLIES
Female-0392M Male 0393M	EDUCATION, COUNSELING, AND RISK REDUCTION SESSION
9010M	APPLICATION ASSISTANCE
9020M	HIV/AIDS COUNSELING
9911M	IUD (non-copper and not mirena)
9912M	DIAPHRAGM or CERVICAL CAP
9913M	MIRENA IUD
17110	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; UP TO 14 LESIONS
11975	INSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES

Procedure Codes	Description of Service
11977	REMOVAL, WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF SPECIMEN(S)
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;CHEMICAL
55250	VASECTOMY – UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS
58300	INSERTION OF INTRA-UTERINE DEVICE (IUD)
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL
58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)
58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR FALOPE RING)
76830	ECHOGRAPHY, TRANSVAGINAL